

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number:

1 U / 500487

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                 |                          |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS                     |                 |                          |
| FOR                              | NUMBER FILED    | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 11 minus 20 = * | *                        |
| INDEPENDENT CLAIMS               | 1 minus 3 = *   | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   |
|--|---|-------|---|------------------|---|
|  | Total                                     | *     | Minus                                       | **               | = |
| Independent                                    | *   | Minus | ***   | =                |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |   |

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY

|           |     |              |     |
|-----------|-----|--------------|-----|
| RATE      | Fee | RATE         | Fee |
| BASIC FEE |     | OR BASIC FEE | 920 |
| XS 9=     |     | OR XS18=     |     |
| X43=      |     | OR X86=      |     |
| +145=     |     | OR -290=     |     |
| TOTAL     |     | OR TOTAL     | 920 |

1050  
OTHER THAN  
SMALL ENTITY

SMALL ENTITY OR

|                  |                   |                     |                   |
|------------------|-------------------|---------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| XS 9=            |                   | XS18=               |                   |
| X43=             |                   | X86=                |                   |
| +145=            |                   | +290=               |                   |
| TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                   |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   |
|--|---|-------|---|------------------|---|
|  | Total                                     | *     | Minus                                       | **               | = |
| Independent                                    | *   | Minus | ***   | =                |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |   |

SMALL ENTITY OR

|                  |                   |                     |                   |
|------------------|-------------------|---------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| XS 9=            |                   | XS18=               |                   |
| X43=             |                   | X86=                |                   |
| +145=            |                   | +290=               |                   |
| TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                   |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   |
|--|---|-------|---|------------------|---|
|  | Total                                     | *     | Minus                                       | **               | = |
| Independent                                    | *   | Minus | ***   | =                |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |   |

SMALL ENTITY OR

|                  |                   |                     |                   |
|------------------|-------------------|---------------------|-------------------|
| RATE             | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| XS 9=            |                   | XS18=               |                   |
| X43=             |                   | X86=                |                   |
| +145=            |                   | +290=               |                   |
| TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                   |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.